



## WHEC Update

### Briefing of worldwide activity of the Women's Health and Education Center (WHEC)

February 2019; Vol.14. No. 02

### *Annual Project Report*

According to World Health Organization's (WHO's) *Mental Health Atlas 2017*, many countries face shortages of health workers that are trained in providing mental health care and there is a lack of investment in community-based mental health approaches. The Atlas is based on data provided by 177 WHO Member States (out of 194 Member States), representing 97% of the world's population. Based on these reported data, the number of mental health care workers range from 2 per 100,000 population in low-income countries to more than 70 in high-income countries. An estimated 10% of the global population needs mental health care at any given time.

As envisioned by WHO's *Comprehensive mental health action plan 2013-2020*, we at the Women's Health and Education Center (WHEC) measure the extent to which countries are strengthening leadership and governance for mental health. This helps us to aid with comprehensive mental health and social care and implementing strategies to promote mental health. To prevent problems and strengthening evidence and research for women, children and adolescents is our focus. We invite you all to join us in this area of development.

When mental health plans are made in many countries, these plans are not supported by adequate human and financial resources. Respondents from 139 countries in The Atlas reported that mental health policies and plans had been established, but fewer of these plans stress a shift from institutional to community-based services. Most do not take a human rights approach allowing people with mental disorders to take part in the decisions concerning them.

If we consider what it takes to create good mental health in adult population, the health-promoting-schools are the ideal setting for action. Schools can help young people acquire the basic skills needed to create health. These so-called life skills include decision-making, problem-solving, critical-thinking, communication, self-assessment and coping strategies. People with such skills are more likely to adopt a healthy lifestyle.

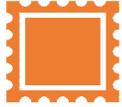
Considerable efforts have been expended by WHEC for advocacy and improvement in affordable mental health services availability worldwide. Successful coordination of mental health services involves many actors both within and beyond the health sector and enables strengthening of care pathways. It encompasses social affairs/social welfare, justice, education, housing and employment sectors (government or non-governmental agencies), media, academia/institutions, local and International NGOs who deliver or advocate for mental health services, private sector, professional associations, faith-based organizations/institutions, traditional/indigenous healers, service users and family or caregiver advocacy groups. It requires strong leadership to ensure stakeholder collaboration and intersectoral action.

Each new generation of children faces health challenges, but those being dealt with by today's youth seem particularly daunting. Children at an early age are confronted by situations that require decision-making skills for preventive action. Adolescents find themselves under strong peer pressure to engage in highly risky behavior, which can have serious implications on their lives. Decisions made in one sphere affect those in the other.

Create and account and share your thoughts / point of view on **WHEC Global Health Line**

Focus on Mental Health

**Rita Luthra, MD**



## Your Questions, Our Reply

What is Mental Health Atlas project? How is it implemented at the National and International levels?

**Strengthening Effective Leadership and Governance:** The Mental Health Atlas project required a number of administrative and methodological steps, starting from the development of the questionnaire and ending with the statistical analyses and presentation of data. The sequence of steps in 2017 was followed in line with that pursued in 2014. WHO first produced an Atlas of Mental Health Resources around the world in 2001, with updates produced in 2005, 2011 and 2014. The Mental Health Project has become a valuable resource on global information on mental health and an important tool for developing and planning mental health services within countries.

Levels of public expenditure on mental health are very meagre in low- and middle-income countries and more than 80% of these funds go to mental hospitals. Globally, the median number of mental health workers is 9 per 100,000 population, but there is extreme variation (from below 1 in low-income countries to 72 in high-income countries). The Women's Health and Education Center's (WHEC's) core mental health action plan objectives are:

1. To strengthen effective leadership and governance for mental health;
2. To provide comprehensive, integrated and responsive mental health and social care services in community-based settings;
3. To implement strategies for promotion and prevention in mental health;
4. To strengthen information systems, evidence and research for mental health.

Our initiative requires a number of administrative and methodological steps, starting from the development of the questionnaire and ending with the statistical analyses and presentation of data. It is an ongoing activity – join our efforts. Please visit our section for details title: Focus on Mental Health; available @ <http://www.womenshealthsection.com/content/gynmh/>

**Mental Health Legislation:** It is a further key component of good governance and concerns the specific legal provisions that are primarily related to mental health, which typically focus on issues such as civil and human rights protection of people with mental disorders, involuntary admission and treatment, guardianship and professional training and service structure.

Regarding conformity with international (or regional) human rights instruments, between 85% and 95% of countries responded in 2017, consider their mental health law to:

1. Promote the transition toward mental health services based in the community (including mental health integrated into general hospitals and primary care);
2. Promote the rights of persons with mental disorders and psychological disabilities to exercise their legal capacity;
3. Promote alternatives to coercive practice;
4. Provide for procedures to enable people mental disorders and psychosocial disabilities to protect their rights and file appeals and complaints to an independent legal body.

We at WHEC urge Major Groups & Other Stakeholders to collaborate for successful coordination of mental health services. It will be helpful if this collaboration involves many actors within and beyond the health sector and should enable strengthening of care pathways.

The Mental Health Action Plan 2013 – 2020 identifies the multisectoral approach as one of the six crosscutting principles and approaches.

## 2018 In Review: Making Healthcare Affordable Our Initiatives & Our Commitments

As 2019 gets underway, our initiatives in Maternal and Child Health are turning 18 – we find ourselves reflecting on the world then and now. The values that drive our work, and the future that lies within our grasp if we have the audacity to seize. Last year shook the world, from political upsets to accelerating technology to individual voices made into a movement through social media. We witnessed devastating natural disasters amid one of the hottest years on record and intractable horrors in Africa and Middle East, while at the same time journalists and storytellers had no shortage of tales of bravery and kindness to share.

In this era of change and challenge, one thing is clear: The world we want will only be achieved when we choose action over indifference, courage over comfort, and solidarity over division. At the Women's Health and Education Center (WHEC), we have spent our 18 years helping catalyze and incubate innovative initiatives of UN and WHO. Our focus was bringing together students, businesses, faith communities, digital influencers, and more to advocate for Maternal and Child Health, and drive real progress for real people: children who are safe from preventable illnesses; families who are secure; and girls who are students instead of child brides.

As the pace of change quickens, we are looking to the next phase of our initiatives, inspired by our readers and contributors, and eager to support the UN and WHO in tackling the most compelling challenges of our day. We know we will need both speed and stamina. Our initiatives are both relevant and impactful for today and tomorrow. Simply put: Investing in Maternal and Child Health and Education is the world's best investment for progress.

4 January 2018; UN Document, Economic and Social Council, Commission on Population and Development, **E/CN.9/2018/NGO/2**

<http://www.womenshealthsection.com/content/documents/N1800296.pdf>

17 April – Tuesday chat series @ UNDPINGO – Child Marriages – Call to Action with UNICEF HQ

<https://outreach.un.org/ngorelations/content/dpi-ngo-chat-series-why-do-child-marriages-still-exist-todays-world-17-april-2018>

10 July 2018 SDGs Side Event @ High Level Political Forum (HLPF) – Panel discussion on WHEC Global Health Line and its LINK (Learning Innovation Network Knowledge) Access Project – *to provide access to reproductive health research worldwide*. It was well received by the audience worldwide.

Available at UN Web TV: <http://webtv.un.org/watch/player/5807660229001>

Worldwide service is provided by **WHEC Global Health Line (WGHL)** open to NGOs associated with ECOSOC and UN-DPI and the Academic Institution users. We welcome everyone.

What happens next is up to all of us. And there is a lot at stake. At WHEC, we will be pushing ourselves even harder to live our values, to resist the distractions of the daily churn and see around the corner, and to leverage partnerships for progress. There is power in all that purpose, when we act with and for each other. In fact, the world is healthier, more prosperous, and more peaceful than ever before; and any inhumanity or narrow instinct that still plagues us is neither permanent nor inevitable.

**We are just getting started.**

<http://www.WomensHealthSection.com> served **14 million** readers / subscribers in **227 countries and territories** with an average of about 1.35 million visitors / subscriber, per month, in 2018 with links to about 145,000 websites. On average 160,000 files, 27,600 URLs and 58,600 pages were accessed, every month. It expanded to 30 sections and we hope to continue to grow. In the spirit of growth in this

digital age, it was upgraded in 2017 for global dissemination. We have rearranged content so that it is easier for you to find what you need.

We welcome your feedback and hope you find the Journal to be useful – a continuing mission.

### Best of 2018

Top 15 Countries out of 227 Countries and Territories, where [WHEC Global Health Line / WHEC Net Work](#) is accessed frequently:

- USA; Canada; China; Australia; India; Switzerland; Saudi Arabia; Belgium; U.K.; Germany; Venezuela; Spain; Japan; Mexico; and France.

Top 5 Groups out of 25 groups for educational purposes:

- US Educational; US Commercial; US Government; US Military and International (Int).

Top 5 User Agents out of 1,012:

- The Knowledge AI; Mozilla/5.0; Mobile Safari/602.1 CF Network/808.0.2 Darwin/16.0.0; bingbot/2.0; Googlebot/2.1;

Top 5 most popular sections out of 28:

- 1) Newborn Healthcare; 2) WHEC Update; 3) Gynecologic Oncology; 4) Gynecology; 5) Focus on Mental Health.

Top 10 most read comprehensive review articles out of 270 Practice Bulletins:

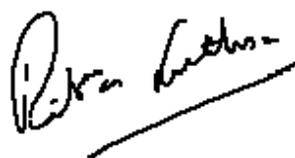
- Marijuana and Pregnancy Implications; 2) The Apgar Score; 3) Female Sexual Dysfunction; 4) Newborn Nutrition; 5) Stillbirth: Evaluation and Management; 6) Newborn Screening Program in the United States; 7) Medical Liability: Tort Reform; 8) Patient Safety; 9) Sexual Violence; 10) Ending Child Marriage: A Call for Global Action.

So, we want to hear from you, and we are eager to work together to advance good ideas that have enduring impact. As a global community, we can create change at scale. This belief is what led to creation of The Women's Health and Education Center (WHEC) and its non-profit entity The Women's Health and Education Organization, Inc. (WHEO, Inc.).

**Beneficiaries:** Visitors of *WomensHealthSection.com* (more than 180 million readers / subscribers worldwide so far and growing fast...)

With very best wishes for a new year of passion, purpose and promise.

*Dedicated to Women's and Children's Well-being and Health Care Worldwide*





## United Nations at a Glance

### Permanent Mission of Greece to the United Nations

Greece became Member State of the United Nations on 25 October 1945



**Greece**, officially the **Hellenic Republic**, historically also known as **Hellas**, is a country located in Southern Europe, with a population of approximately 11 million as of 2016. Athens is the nation's capital and largest city, followed by Thessaloniki. Predominant religion is Eastern Orthodoxy, and Government is Unitary parliamentary republic, legislature: Hellenic Parliament.

Greece is located at the crossroads of Europe, Asia and Africa. Situated on the southern tip of the Balkan Peninsula, it shares land borders with Albania to the northwest, the Republic of Macedonia and Bulgaria to the north, and Turkey to the northeast. Greece has the longest coastline on the Mediterranean Basin and the 11<sup>th</sup> longest coastline in the world at 13,676 km (8,498 mi) in length, featuring a large number of islands, of which 227 are inhabited. 80% of Greece is mountainous, with Mount Olympus being the highest peak at 2,918 meters (9,573 ft). The country consists of nine geographic regions: Macedonia, Central Greece, the Peloponnese, Thessaly, Epirus, and the Aegean Islands (including the Dodecanese and Cyclades), Thrace, Crete and the Ionian Islands.

Greece is considered the cradle of Western civilization, being the birthplace of democracy, Western philosophy, Western literature, historiography, political science, major scientific and mathematical principles, and Western drama, as well as the Olympic Games.

Greece is a democratic and developed country with an advanced high-income economy, a high quality of life, and a very high standard of living. The ancient Greek physician Hippocrates is considered the "father of western medicine," who laid the foundation for a rational approach to medicine. Hippocrates introduced the Hippocratic Oath for physicians which is still relevant and in use today, and was the first to categorize illnesses as acute, chronic, endemic and epidemic, and use terms such as, "exacerbation, relapse, resolution, crisis, paroxysm, peak and convalescence."



**Greece** is one of the 50 founding members of the United Nations. In exercising its foreign policy Greece has consistently supported multilateral cooperation as a way to promote understanding among the world's nations and coordinate the handling of international affairs. A founding member of the UN, Greece was the 10<sup>th</sup> member to join the European Communities (precursor to the European Union) and has been part of the Eurozone since 2001. It is also a member of numerous other international institutions, including the Council of Europe, the North Atlantic Treaty Organization (NATO), the Organization for Economic Co-operation and Development (OECD), the World Trade Organization (WTO), the Organization for Security and Co-operation in Europe (OSCE), and the Organization internationale de la Francophonie (OIF).

Greece's unique cultural heritage, large tourism industry, prominent shipping sector and geostrategic importance classify it as a middle power. It is the largest economy in the Balkans, where it is an important regional investor.

Details: <https://www.mfa.gr/missionsabroad/en/un-en>

## Collaboration with World Health Organization (WHO)

### WHO | Greece



The Greek health-care system as a whole and its total health expenditure, public and private, was more than 9% of the gross national product (GDP). Greek crisis fallout is an opportunity for health. Greece's health reform – born of the 2008 economic crisis – may fall short of expectations.

The current health policy and any changes to the health sector are determined mainly by the crisis, and in many ways, dictated by the memoranda of the Troika [representatives of Greece's official lenders: the EU, the European Central Bank and the International Monetary Fund]. The fact is that Greece has taken out loans and that obliges us to fulfil certain conditions. While there is unease about the situation in Greece, a large part of the society recognizes that the health-care system had reached the point of unsustainability and was in urgent need of reform. Many people are understandably inclined to be negative and say that Greece's health policy is being manipulated by outside forces. But, while the broader terms are being dictated by the Troika – i.e. by how much certain spending should be cut – Greece has a certain degree of freedom to decide how to implement these cuts and certain policies that were long overdue are now being implemented.

**Increase in pharmaceutical spending:** In 2000, it was around 1 billion euros (US\$ 1.4 billion), but by 2009 it had reached an unjustified and excessive 5.6 billion euros (US\$ 7.6 billion), most of which was covered by public money. That's why pharmaceutical expenditure was targeted by the Troika that stipulated spending levels should be capped at 2 billion euros (US\$ 2.7 billion) in 2013. The Troika insists that Greece should cap the level of this expenditure at 1% of GDP, which is continuously decreasing due to recession.

The European Commission has created a special Task Force whose role is to aid and know-how outside the Troika terms of reference and only in response to requests from Greek ministries. In the health sector, for example, the Task Force has been asked to provide German experts to evaluate the implementation of diagnosis-related groups, which is a system used for costing medical activities and providing unit costs so that we can control health expenditure more efficiently. This provides the unified insurance organization, the EOPYY, with a tool to keep track of expenditure, such as how much is being paid to service providers, the public hospitals, private diagnostic centers and private hospitals, that are contracted to provide health services.

**Greece's Health Services:** The government need to press on the reforms. Some effective cost containment measures are in place – we have a new unified public health organization, we are building a health information system to keep track of expenditure and health care and there are signs of more dialogue between ministers, who are listening to scientists and public health experts. Chronic diseases account for 70% the disease burden in Greece. A good strategy for primary health care should be the priority. Although the health system is still lacking some essential structural elements, it has strong basis on which to build. Most believe the crisis has provided Greece with a window of opportunity.

Details: <http://www.who.int/countries/grc/en/>

## Bulletin Board

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### WHEC Data Protection Policy

#### V. Liability and Sanctions

19. The user concerned shall be liable for damage resulting from any infringement of the present circular.

20. In such cases, and as a rule, the WHEC Computer and Network Security Officer, the division Leader(s) concerned, or the head of the service concerned shall inform the user concerned and explain the nature of the problem that has been detected or of the infringement that has been identified. If the incident occurs again, the user concerned shall be notified in writing by one of the above persons which of the provisions of this circular have not been correctly applied.

21. In the event of repeated infringement following the measures provided for under §20 above, or at any time when justified by the seriousness of the infringement, the Organization may withdraw access rights to the WHEC Computing and Network Facilities from the user concerned and/or initiate disciplinary and/or legal proceedings against him/her.

*To be continued....*



### Collaboration with UN University (UNU)

*UNU-WIDER (World Institute for Development Economics Research)  
Expert Series on Health Economics*

#### **International aid to southern Europe in the early post-war period** – The cases of Greece and Italy

After the Second World War, both Greece and Italy experienced a Left-Right political polarization and a reproduction of earlier patterns of political patronage. Both Italy and Greece received international aid, including emergency relief, interim loans, and Marshall Plan funds. By the beginning of the 1950s, the Italian economy had recovered better from war destruction and had achieved industrial growth faster than Greece. Italy progressed quite rapidly from stabilization to reconstruction, and then on the development, while Greece progressed with reconstruction, but did not achieve stabilization until after the end of the Marshall Plan.

Italy and Greece were obviously different with regard to population and market size, but the outcome of the foreign aid they received in the two countries. The author suggests that the different outcome is explained by historical legacies and conjunctures, as well as series of institutional, cultural, and political factors. Greece underwent a disastrous Nazi occupation (1941 – 1944) and the destructive Civil War (1946 – 1949) of which Italy was spared. The Italian public sector was endowed with state agencies steering economic development, which the Greek public sector lacked until the early 1950s. Italian elections resulted in more stable governments, led by the Christian Democratic Party, which followed their own policy choices, often deviating from the donors' policy preference. This was a pattern absent from the long sequence of unstable and internally fragmented Greek governments. The Italian governing elites relied on a social alliance of middle and upper classes, while in Greece the corresponding classes

distrusted the government, and resisted government policies. Finally, economic policies, was present in Italy, but absent in Greece.

Another different explanation of the perceived differences between Greece and Italy would insist that the two countries were bound to develop at different pace and in different directions after the war, since they stood at a different starting base just before the war. In 1939, Greece's GDP was about one eighth of Italy GDP. World War II caused extensive destruction to the industrial base of the Italian economy. In 1943, as the German army departed from Southern Italy, it 'methodically destroyed machinery, power plants and other utilities.' In other words, war drastically and adversely affected the chances of Italy's economic recovery, as of course was also the case with Greece.

Publisher: UNU-WIDER; Author: Dimitri A. Sotiropoulos; Sponsors: The World Institute for Development Economic Research (WIDER) was established by the United Nations University (UNU) as its first research and training center and started work in Helsinki, Finland in 1985. Work is carried by staff researchers and visiting scholars in Helsinki and through networks of collaborating scholars and institutions around the world.

*Details of the paper can be accessed from the link of UNU-WIDER on CME Page*  
<http://www.WomensHealthSection.com/content/CME>



## **United Nations Girls' Education Initiative (UNGEI)**

*The Effort to Advance the Global Strategy (continued)*

### **Greece: Refugee and migrant children**



UNICEF makes urgent call for education and protection as refugee situation in Greece rapidly deteriorates. With the sudden increase of arrivals, hundreds more refugee and migrant children are becoming stranded in Greece with critical needs such as education and protection. This new influx comes at a time when Greece is struggling to cope with a strained welfare system due to the ongoing economic crisis, leaving refugee and migrant children facing a double crisis. In total, children make up to nearly 40% of the current stranded population.

For children the waiting for asylum request is an eternity – many from conflict torn countries like Syria, Afghanistan and Iraq have missed out entirely on education or lost years of schooling and are held back yet again. Recent reports of sexual abuse, violence, and neglected are an indication of unsuitable living conditions and weakened child protection mechanisms. An overstretched public service has also compounded the risks for refugee and migrant children.

There are almost 27,000 children stranded in Greece and the number continues to rise. There are at least 2,250 unaccompanied children in Greece yet only a third stays in formal shelters. Despite the continued efforts of the Government and partners, the need for temporary accommodation, child protection services and schooling remain acute.

Education is a one of the most powerful ways to protect children from all forms of violence. This means we need to all join forces to boost Government's efforts to get children back to school.

Getting children into education is a key priority for UNICEF and its partners in Greece, especially in the light of recent reports of children at risk. UNICEF has been supporting learning and recreational activities

for refugee children in Skaramangas camp, near Athens, with the Greek NGO Piraeus Open School for immigrants, as well as providing 11 container classrooms. UNICEF education programs are being scaled up beyond Attica to other camps, targeting at least 5,000 children by the end of the year and working with the Ministry of Education to help integrate refugee children into the Greek education system.

UNESCO and the Hellenic National Commission for UNESCO co-organized a UNESCO Future Forum on the theme “Gender Equality: The Missing Link? Girls’ and women’s education are a smart investment. Girls and women still do not have the same access to political and national institutions. Women and men must cooperate to achieve this, especially men in power positions, who must accept to allow real access to women. The forum addresses:

- The strategic role of gender equality in development;
- From violence against women to women’s leadership in peace;
- Addressing the gender dimensions of environment challenges;
- UNESCO’s role in fostering change: the Nexus of Education, the Sciences, Culture and Communication and Information.

It is increasingly clear that a cross-cutting approach to gender equality is essential not only to the realization of women’s rights, but to the achievement of the wider goals of development and peace. We need to rethink internationally agreed development goals in terms of the missing link of gender equality with a view to ensuring that women’s rights and potential are woven into the social and cultural fabric of all nations. All the development goals reinforce each other, but none can be reached without empowering girls and women with the capabilities and confidence they need to live in freedom and dignity.

Details: [http://www.ungei.org/news/247\\_2638.html](http://www.ungei.org/news/247_2638.html)

*To be continued....*

## Two Articles of Highest Impact, January 2019

*Editors’ Choice – Journal Club Discussions*

*Our friendship has no boundaries. We welcome your contributions.*

1. Ending Child Marriage: A Call for Global Action;  
<http://www.womenshealthsection.com/content/heal/heal025.php3>  
WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor.
2. The Diseases of Addiction: Opiate Use and Dependence;  
<http://www.womenshealthsection.com/content/gynmh/gynmh013.php3>  
WHEC Publications. Funding: WHEC Global Initiatives are funded by a grant from an anonymous donor.



### From Editor’s Desk

*New Initiatives, New Collaborations, New Directions*

#### Mental Health is included in the WHEC Initiatives for Global Health



The inclusion of mental health and substance abuse in the Sustainable Development Agenda, which was adopted at the United Nations General Assembly in September 2015, is likely to have a positive impact on communities and countries where millions of people will receive much needed

help. This better world is envisioned in the declaration as a place “where physical, mental and social well-being are assured” in keeping the definition of good health. Specifically, goal 3 of the 17 Sustainable Development Goals (SDGs) focuses on ensuring healthy lives and promoting well-being for all at all ages. World leaders have committed to “prevention and treatment of non-communicable diseases, including behavioral, developmental and neurological disorders, which constitute a major challenge for sustainable development.”

Mental health and substance abuse are very poorly resourced at present. Through the SDGs they are likely to become part of country development plans and of bilateral and multilateral development assistance. This could well mean that millions of people will finally receive much needed help. The adoption of the Comprehensive Mental Health Action Plan in 2013 and the Global Strategy to Reduce the Harmful Use of Alcohol in 2010 by the World Health Assembly paved the way for the inclusion of mental health and substance abuse in the SDGs. Together, they are likely to have a large impact on communities and countries.

### **Global strategy supported by WHEC to reduce harmful use of alcohol**

The harmful use of alcohol is a serious health burden, especially alcohol use during the pregnancy. It affects the unborn child, all individuals in the family and also at the national and international level. Health problems from dangerous alcohol use arise in the form of acute and chronic conditions, and adverse social consequences are common when they are associated with alcohol consumption.

Every year, the harmful use of alcohol kills 2.5 million people, including 320,000 young people between 15 and 29 years of age. It is the third leading risk factor for poor health globally, and harmful use of alcohol was responsible for almost 4% of all deaths in the world.

WHEC focuses on ten key areas of policy options and interventions at the national level and four priority areas for global action are:

1. Leadership, awareness and commitment;
2. Health services' response;
3. Community action;
4. Drink-driving policies and counter-measures;
5. Availability of alcohol;
6. Marketing of alcoholic beverages;
7. Pricing policies;
8. Reducing the negative consequences of drinking and alcohol intoxication;
9. Reducing the public health impact of illicit alcohol and informally produced alcohol;
10. Monitoring and surveillance.

The four priority areas for global action are:

1. Public health advocacy and partnership;
2. Technical support and capacity building;
3. Production and dissemination of knowledge;
4. Resource mobilization.

Our partners are dedicated to work together to address the key areas of policy options and interventions, to interact with relevant stakeholder and to ensure that the strategy is implemented both nationally and globally.

Join our efforts; we welcome everyone.



## In The News

### Big Data for Development and Humanitarian Action

Fundamental elements of human rights have to be safeguarded to realize the opportunities presented by big data: privacy, ethics and respect for data sovereignty require us to assess the rights of individuals along with the benefits of the collective. Much new data is collected passively – from the ‘digital footprints’ people leave behind and from sensor-enabled objects – or is inferred via algorithms. Because big data is the product of unique patterns of behavior of individuals, removal of explicit personal information may not fully protect privacy. Combining multiple datasets may lead to the re-identification of individuals or groups of individuals, subjecting them to potential harms. Proper data protection measures must be put in place to prevent data misuses and mishandling.

There are also a risk of growing inequality and bias. Major gaps are already opening up between the data

**BIG DATA & THE SDGs**

How data science and analytics can contribute to sustainable development

- 1 NO POVERTY**  
Spending patterns on mobile phone services can provide proxy indicators of income levels
- 2 ZERO HUNGER**  
Crowdsourcing or tracking of food prices listed online can help monitor food security in near real-time
- 3 GOOD HEALTH AND WELL-BEING**  
Mapping the movement of mobile phone users can help predict the spread of infectious diseases
- 4 QUALITY EDUCATION**  
Citizen reporting can reveal reasons for student drop-out rates
- 5 GENDER EQUALITY**  
Analysis of financial transactions can reveal the spending patterns and different impacts of economic shocks on men and women
- 6 CLEAN WATER AND SANITATION**  
Sensors connected to water pumps can track access to clean water
- 7 AFFORDABLE AND CLEAN ENERGY**  
Smart metering allows utility companies to increase or restrict the flow of electricity, gas or water to reduce waste and ensure adequate supply at peak periods
- 8 DECENT WORK AND ECONOMIC GROWTH**  
Patterns in global postal traffic can provide indicators such as economic growth, remittances, trade and GDP
- 9 INDUSTRY, INNOVATION AND INFRASTRUCTURE**  
Data from GPS devices can be used for traffic control and to improve public transport
- 10 REDUCED INEQUALITY**  
Speech-to-text analytics on local radio content can reveal discrimination concerns and support policy response
- 11 SUSTAINABLE CITIES AND COMMUNITIES**  
Satellite remote sensing can track encroachment on public land or spaces such as parks and forests
- 12 RESPONSIBLE CONSUMPTION AND PRODUCTION**  
Online search patterns or e-commerce transactions can reveal the pace of transition to energy efficient products
- 13 CLIMATE ACTION**  
Combining satellite imagery, crowd-sourced witness accounts and open data can help track deforestation
- 14 LIFE BELOW WATER**  
Maritime vessel tracking data can reveal illegal, unregulated and unreported fishing activities
- 15 LIFE ON LAND**  
Social media monitoring can support disaster management with real-time information on victim location, effects and strength of forest fires or haze
- 16 PEACE, JUSTICE AND STRONG INSTITUTIONS**  
Sentiment analysis of social media can reveal public opinion on effective governance, public service delivery or human rights
- 17 PARTNERSHIPS FOR THE GOALS**  
Partnerships to enable the combining of statistics, mobile and internet data can provide a better and real-time understanding of today's hyper-connected world

GLOBAL PULSE  
#GlobalPulse  
@GlobalPulse 2017

haves and have-nots. Without action, a whole new inequality frontier will split the world between those who know, and those who do not. Many people are excluded from the new world of data and information by language, poverty, lack of education, lack of technology infrastructure, remoteness or prejudice and discrimination. There is a broad range of actions needed, including building the capacities of all countries and particularly the Least Developed Countries (LDCs), Land-Locked Developing Countries (LLDCs), and Small Island Developing States (SIDS)

In 2015, the world embarked on a new development agenda underpinned by the Sustainable Development Goals (SDGs). Achieving these goals requires integrated action on social, environmental and economic challenges, with a focus on inclusive, participatory development that leaves no one behind.

Critical data for global, regional and national development policy making is still lacking. Many governments still do not have access to adequate data on their entire populations. This is particularly true for the poorest and most marginalized, the very people that leaders will need to focus on if they are to achieve zero extreme poverty and zero emissions by 2030, and to ‘leave no one behind’ in the process.

Global Pulse is an innovation initiative of the UN Secretary-General on data science. Global Pulse promotes awareness of the opportunities big data presents for sustainable development and humanitarian action, develops high-impact analytics solutions for UN and government partners through its network of data science innovation centers or Pulse Labs, in Indonesia (Jakarta), Uganda (Kampala) and the UN Headquarters (New York), and works to lower barriers to adopting and scaling.

United Nations Global Pulse: <https://www.unglobalpulse.org/>

## Art & Science

*Art that touches our soul*

### Four Freedoms by Norman Rockwell



**Freedom of Speech** is the first of the *Four Freedoms* paintings by Norman Rockwell that were inspired by United States President Franklin D. Roosevelt's State of Union Address, which he delivered on January 6, 1941.

*Freedom of Speech* depicts a scene of a local town meeting in which Jim Edgerton, the lone dissenter to the town selectman's announced plans to build a new school, was accorded the floor as a matter of protocol. The old school has burned down. Once he envisioned this scene to depict freedom of speech, Rockwell decided to use his Vermont neighbors as models for a Four Freedom series. The blue-collar speaker wears a plaid shirt and suede jacket. He has dirty hands and a darker complexion than other attendees. The other attendees are wearing white shirts, ties and jackets. The work shows audience members in rapt attention with a sort of admiration of this lone speaker.

"The first is freedom of speech and expression – everywhere in the world" – Franklin D. Roosevelt's January 6, 1941 State of Union address introducing the theme of the Four Freedoms.

*Freedom of Speech* was published in the February 20, 1943 Issue of *The Saturday Evening Post* with a matching essay by Booth Tarkington as part of the Four Freedoms series.

Medium: oil on canvas; Dimensions: 116.2 cm X 90 cm (45.75 in X 35.5 in); Location: Norman Rockwell Museum, Stockbridge, Massachusetts, United States.

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